

JCK Oral

## JCK Oral 7 (III-JCKO7)

### Kawasaki Disease/General Cardiology 2

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Sun. Jul 9, 2017 10:15 AM - 11:05 AM ROOM 3 (Exhibition and Event Hall Room 3)

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10:15 AM - 11:05 AM

### [III-JCKO7-01] Experience of recurrent Kawasaki disease complicated by giant aneurysms showing only two of the main symptoms

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We report a recurrent case of Kawasaki disease (KD) complicated by giant aneurysms that developed only fever and slight conjunctival hyperemia.

At 2 years old, the patient had complete KD and received intravenous immunoglobulin therapy. He was discharged on day 11 of the illness. 7 months later, he had developed a cough and fever. He was subsequently referred to us because of high inflammatory reaction. Upon admission, he had only 2 major symptoms of KD, fever and slight conjunctival hyperemia. He had a cough and a chest X-ray showed consolidation, so we suspected bacterial pneumoniae and started antibiotic therapy. This failed to bring his temperature down, so we tried another antibiotic drug, but that too was ineffective. Slight conjunctival hyperemia disappeared on the next day of admission, and other symptoms of KD hadn't appeared. On day 7 of the illness, ultrasound sonography showed bilateral coronary artery aneurysms like a string of beads, therefore we diagnosed him as incomplete KD, and administered intravenous immunoglobulin, cyclosporine A and aspirin. Next morning, the fever went down but recurred during the night. As we were afraid that the coronary artery aneurysms would expand further, he was transferred to another hospital where he received plasma exchange.

It is reported that patients with recurrent KD are at risk of coronary artery lesions, and tend to be atypical. This case developed only 2 major symptoms, we had difficulty making a correct diagnosis. When encountering children having fever with a history of KD, we should consider recurrence of KD.